

M/17

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**PETITION TO ACCEPT UNAVOIDABLY DELAYED PAYMENT OF
MAINTENANCE FEE IN AN EXPIRED PATENT (37 CFR 1.378(b))**

Docket Number (Optional)

RECEIVED

Mail to: Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450
Fax: (571) 273-8300

OCT 15 2010

10/12/2010 DALLEN 00000018 6000658
01 FC:1599

OFFICE OF PETITIONS

NOTE: If information or assistance is needed in completing this form, please contact Petitions Information at (571) 272-3282.

Patent Number: 6000658

Application Number: _____

Issue Date: September 14, 1999

Filing Date: April 13, 1998

CAUTION: Maintenance fee (and surcharge, if any) payment must correctly identify: (1) the patent number (or reissue patent number, if a reissue) and (2) the application number of the actual U.S. application (or reissue application) leading to issuance of that patent to ensure the fee(s) is/are associated with the correct patent. 37 CFR 1.366(c) and (d).

Also complete the following information, if applicable:

The above-identified patent:

☐ is a reissue of original Patent No. _____ original issue date _____;
original application number _____,
original filing date _____

☐ resulted from the entry into the U.S. under 35 U.S.C. 371 of international application
_____ filed on _____

CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is

(1) being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 OR

(2) transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

9-30-10
Date

Tommie McCall Jr.
Signature

Tommie McCall, Jr.
Typed or printed name of person signing Certificate

This collection of information is required by 37 CFR 1.378(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

1. SMALL ENTITY

☒ Patentee claims, or has previously claimed, small entity status. See 37 CFR 1.27

2. LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

☐ Patentee is no longer entitled to small entity status. See 37 CFR 1.27(g)

3. MAINTENANCE FEE (37 CFR 1.20(e)-(g))

The appropriate maintenance fee must be submitted with this petition, unless it was paid earlier.

NOT Small Entity			Small Entity		
Amount	Fee	(Code)	Amount	Fee	(Code)
<input type="checkbox"/> \$ _____	3 ½ yr fee	(1551)	<input type="checkbox"/> \$ _____	3 ½ yr fee	(2551)
<input type="checkbox"/> \$ _____	7 ½ yr fee	(1552)	<input checked="" type="checkbox"/> \$ <u>1240.00</u>	7 ½ yr fee	(2552)
<input type="checkbox"/> \$ _____	11 ½ yr fee	(1553)	<input type="checkbox"/> \$ _____	11 ½ yr fee	(2553)

MAINTENANCE FEE BEING SUBMITTED \$ _____

4. SURCHARGE

The surcharge required by 37 CFR 1.20(i)(1) of \$ 700.00 (Fee Code 1557) must be paid as a condition of accepting unavoidably delayed payment of the maintenance fee.SURCHARGE FEE BEING SUBMITTED \$ 700.00

5. MANNER OF PAYMENT

☒ Enclosed is a check for the sum of \$ 1940.00☐ Please charge Deposit Account No. _____ the sum of \$ _____☐ Payment by credit card. Form PTO-2038 is attached.

6. AUTHORIZATION TO CHARGE ANY FEE DEFICIENCY

☐ The Director is hereby authorized to charge any maintenance fee, surcharge or petition fee deficiency to Deposit Account No. _____

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

7. OVERPAYMENT

As to any overpayment made, please

☐ Credit to Deposit Account No. _____**OR**☒ Send refund check**WARNING:**

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

8. SHOWING

The enclosed statement will show that the delay in timely payment of the maintenance fee was unavoidable since reasonable care was taken to ensure that the maintenance fee would be paid timely and that this petition is being filed promptly after the patentee was notified of, or otherwise became aware of, the expiration of the patent. The statement must enumerate the steps taken to ensure timely payment of the maintenance fee, the date and the manner in which the patentee became aware of the expiration of the patent, and the steps taken to file the petition promptly.

9. PETITIONER(S) REQUESTS THAT THE DELAYED PAYMENT OF THE MAINTENANCE FEE BE ACCEPTED AND THE PATENT REINSTATED.

Tommie McCall Jr.
Signature(s) of Petitioner(s)

9-30-10
Date

Tommie McCall, Jr.

Typed or printed name(s)

Registration Number, if applicable

15625 Prince Drive, South Holland, IL 60473

Address

(708)333-8998

Telephone Number

15625 Prince Dr. So. Holland, IL
Address
60473

ENCLOSURES:

- ☒ Maintenance Fee Payment
☒ Statement why maintenance fee was not paid timely
☒ Surcharge under 37 CFR 1.20(i)(1) (fee for filing the maintenance fee petition)
☐ Other: _____

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

37 CFR 1.378(d) states: "Any petition under this section must be signed by an attorney or agent registered to practice before the Patent and Trademark Office, or by the patentee, the assignee, or other party in interest."

Tommie McCall Jr.
Signature

9-30-10
Date

Tommie McCall Jr.
Type or printed name

Registration Number, if applicable

STATEMENT

(In the space below, please provide the showing of unavoidable delay recited in paragraph 8 above.)

(Please attach additional sheets if additional space is needed)

1-10-08

RECEIVED 1 of 6
OCT 15 2010

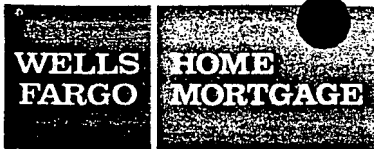
OFFICE OF PETITIONS

My name is Jommie McCall, Jr and my wife's name is Alice S. McCall. We live at 15625 Prince Dr. South Holland, IL 60473. Our loan # is 0144486834-708. I am writing this letter to try and explain my current situation. I have been "on call" from my job since 10-28-07. Being "on call" is the same as "no work or business is "slow" right now. I have not worked a 40 hr week since 9-22-07. It has been a "trying" time for my wife and I. Due to my layoff status, I am now collecting unemployment compensation. Thank God, my wife is still working, sometimes 7 days a week, 12 hrs a day. This home is our "dream home" and we would very much like to keep it. Actually, we have no where else to go. Our (2) children have their own families, and there is just no room for us. We will do whatever we can that is right, in order to keep our home. Please do whatever you can in order to help us. I am a inspector for automobile parts and my wife is a production technician. A very significant source of income has been ~~lost~~ due to my lack of 40 hrs per week income. I also have other payments I'm trying to make including utilities.

Thanks for your help.

Jommie McCall

This is a letter, "hardship" letter, that I wrote to my mortgage co. to not foreclose on my house in Jan, 2008.



Wells Fargo Home Mortgage
MAC X2302-02J
1 Home Campus
Des Moines, IA 50328-0001

January 31, 2008

Client 708
Loan Number [REDACTED]
Due Date: 11-01-07

Alice J McCall
Tommie McCall Jr
15625 Prince Drive
South Hollnad IL 60473

Thank you for contacting us regarding your temporary financial hardship on the above mentioned loan. We are concerned when our customers are experiencing a financial hardship which is beyond their control and are here to assist you through this difficult period.

1. As discussed we have granted you the payment arrangement listed below.

PLAN	DATE	AMT	PLAN	DATE	AMT
01	04/30/08	10,692.56			

House IN foreclose ~~in 2007-2008~~

2. This is a period for you to determine how you can resolve or improve your financial situation. This plan is not a waiver of the accrued or future payments or late charges that become due.

3. During this period, we are requesting that you contact our office monthly or if changes occur to your financial situation, contact us immediately. If you are unable to make a payment on the plan by the date indicated above, further collection activity may result, including foreclosure.

4. On 043008, all past due payments and accrued charges are due. If you are unable to make the final payment listed above, you must have established acceptable arrangements with our office for bringing your loan current.

5. Please sign and date the enclosed agreement and return to the following address or you may fax to (866) 359-7363. Payments during the plan should be sent to the following address:

Wells Fargo Home Mortgage
3480 Stateview Blvd., MAC X7802-03H
Fort Mill SC 29715

If we can be of further assistance, please call us at (800) 416-1472, Monday through Thursday, 8 AM to 11 PM; Friday, 8 AM to 9:30 PM; or Saturday, 9 AM to 1 PM, Eastern Time.

We are required by the Fair Debt Collection Practices Act to inform you if your loan is currently delinquent or in default, as your loan servicer, we will be attempting to collect a debt, and any information obtained will be used for that purpose. However, if you have received a discharge, and the loan was not reaffirmed in the bankruptcy case, we will only exercise our rights against the property and are not attempting any act to collect the discharge debt from you personally.

LM190/FWE

Wells Fargo Home Mortgage
is a division of Wells Fargo Bank, N.A.

Label (See page 15.)	L A B E L	Your first name and initial TOMMIE		Last name MCCALL JR		OMB No. 1545-0074	
		If a joint return, spouse's first name and initial		Last name		Your social security number [REDACTED]	
		Home address (number and street). If you have a P.O. box, see page 15. 15625 PRINCE DR		Apt. no.		Spouse's social security number [REDACTED]	
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 15. SOUTH HOLLAND IL 60473		Checking a box below will not change your tax or refund. ▲ You must enter your SSN(s) above. ▲			
Presidential Election Campaign		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 15)				You <input type="checkbox"/> Spouse <input type="checkbox"/>	

Filing status Check only one box.	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 16.) If the qualifying person is a child but not your dependent, enter this child's name here.
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
	3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. [REDACTED]	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)

Exemptions If more than six dependents, see page 18.	6 a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.			Boxes checked on 6a and 6b 1
	b <input type="checkbox"/> Spouse			No. of children on 6c who:
	c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg. 18)
	(1) First name Last name			
				• lived with you
				• did not live with you due to divorce or separation (see page 19)
				Dependents on 6c not entered above
d Total number of exemptions claimed.				Add numbers on lines above 1

Income Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see page 21. Enclose, but do not attach, any payment.	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	21,699
	8 a Taxable interest. Attach Schedule 1 if required.	8a	
	b Tax-exempt interest. Do not include on line 8a.	8b	
	9 a Ordinary dividends. Attach Schedule 1 if required.	9a	
	b Qualified dividends (see page 22).	9b	
	10 Capital gain distributions (see page 22).	10	
	11 a IRA distributions.	11a	
	11 b Taxable amount (see page 22).	11b	
	12 a Pensions and annuities.	12a	
	12 b Taxable amount (see page 23).	12b	
	13 Unemployment compensation and Alaska Permanent Fund dividends.	13	1,785
	14 a Social security benefits.	14a	
	14 b Taxable amount (see page 25).	14b	
	15 Add lines 7 through 14b (far right column). This is your total income.	15	23,484
	Adjusted gross income		
16 Educator expenses (see page 25).	16		
17 IRA deduction (see page 27).	17		
18 Student loan interest deduction (see page 29).	18		
19 Tuition and fees deduction. Attach Form 8917.	19		
20 Add lines 16 through 19. These are your total adjustments.	20		
21 Subtract line 20 from line 15. This is your adjusted gross income.	21	23,484	

Label

(See page 17.)

Use the IRS label. Otherwise, please print or type.

LABEL HERE

TOMMIE MCCALL
15625 PRINCE DRIVE
SOUTH HOLLAND, IL 60473

OMB No. 1545-0074

Your social security number

Spouse's social security number

You must enter

▲ your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Presidential

Election Campaign Check here if you, or your spouse, if filing jointly, want \$3 to go to this fund (see page 17) You Spouse

Filing status

- 1 ☒ Single 4 ☐ Head of household (with qualifying person). (See page 18.)
2 ☐ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this
3 ☐ Married filing separately. Enter spouse's SSN above & full name below. child's name here.
5 ☐ Qualifying widow(er) with dependent child (see page 19)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qual. child for child tax cr. (see pg 20)

Boxes checked on 6a and 6b 1

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see page 21)

Dependents on 6c not entered above

Add numbers on lines above 1

d Total number of exemptions claimed.

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 9,099.

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

8a Taxable interest. Attach Schedule 1 if required.

8a

b Tax-exempt interest. Do not include on line 8a.

8b

9a Ordinary dividends. Attach Schedule 1 if required.

9a

b Qualified dividends (see page 24).

9b

10 Capital gain distributions (see page 24).

10

11a IRA

11b Taxable amount

distributions. 11a

(see page 24).

11b

12a Pensions and

12b Taxable amount

annuities. 12a

(see page 25).

12b

13 Unemployment compensation and Alaska Permanent Fund dividends.

13

4,180.

14a Social security

14b Taxable amount

benefits. 14a

9,900.

(see page 27).

14b

0.

15 Add lines 7 through 14b (far right column). This is your total income.

15

13,279.

Adjusted gross income

16 Educator expenses (see page 29).

16

17 IRA deduction (see page 29).

17

18 Student loan interest deduction (see page 31).

18

19 Tuition and fees deduction. Attach Form 8917.

19

20 Add lines 16 through 19. These are your total adjustments.

20

21 Subtract line 20 from line 15. This is your adjusted gross income.

21

13,279.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78.

Form 1040A (2008)

Label

(See page 17)

Use the
IRS label.Otherwise,
please print
or type.LABEL
HERETOMMIE MCCALL
15625 PRINCE DRIVE
SOUTH HOLLAND, IL 60473

OMB No. 1545-0074

Your social security number

Spouse's social security number

You must enter

▲ your SSN(s) above. ▲

Checking a box below will not
change your tax or refund.

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 17).

You

Spouse

Filing
status

1

☒ Single

4

Head of household (with qualifying person). (See page 18.)

2

☐ Married filing jointly (even if only one had income)

If the qualifying person is a child but not your dependent, enter this

3

☐ Married filing separately. Enter spouse's SSN above & full name below.

child's name here.

Check only
one box.

5

Qualifying widow(er) with dependent child (see page 19)

Exemptions

6a

☒ Yourself. If someone can claim you as a dependent, do not check

box 6a.

b

☐ Spouse

c

Dependents:

(1) First name

Last name

(2) Dependent's
social security number(3) Dependent's
relationship to
you(4) ☒ if qual.
child for
child tax cr.
(see pg 20)Boxes
checked on
6a and 6b

1

No. of children
on 6c who:• lived with
you• did not live
with you due
to divorce or
separation
(see page 21)Dependents
on 6c not
entered aboveAdd numbers
on lines
above

1

If more than six
dependents,
see page 20.

d Total number of exemptions claimed.

Income

7

Wages, salaries, tips, etc. Attach Form(s) W-2.

7

9,099.

Attach
Form(s) W-2
here. Also
attach
Form(s)
1099-R if tax
was withheld.

8a

Taxable interest. Attach Schedule 1 if required.

8a

b

Tax-exempt interest. Do not include on line 8a.

8b

9a

Ordinary dividends. Attach Schedule 1 if required.

9a

b

Qualified dividends (see page 24).

9b

10

Capital gain distributions (see page 24).

10

11a

IRA
distributions. 11a11b Taxable amount
(see page 24).

11b

12a

Pensions and
annuities. 12a12b Taxable amount
(see page 25).

12b

If you did not
get a W-2, see
page 23.Enclose, but do
not attach, any
payment.

13

Unemployment compensation and Alaska Permanent Fund dividends.

13

4,180.

14a

Social security
benefits. 14a

9,900.

14b Taxable amount
(see page 27).

14b

0.

15

Add lines 7 through 14b (far right column). This is your total income.

15

13,279.

Adjusted
gross
income

16

Educator expenses (see page 29).

16

17

IRA deduction (see page 29).

17

18

Student loan interest deduction (see page 31).

18

19

Tuition and fees deduction. Attach Form 8917.

19

20

Add lines 16 through 19. These are your total adjustments.

20

21

Subtract line 20 from line 15. This is your adjusted gross income.

21

13,279.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78.

Form 1040A (2008)

Label (See instructions) Use the IRS label. Otherwise, please print or type.	For the year Jan. 1-Dec. 31, 2009, or other tax year beginning		,2009, ending		,20		OMB No. 1545-0074
	Name		Spouse's Name (if Joint Return)		Home Address		City, State, and ZIP Code
	TOMMIE MCCALL JR						
	15625 PRINCE DRIVE		SOUTH HOLLAND IL 60473-1830				
Your social security number Spouse's social security no. You must enter your SSN(s) above.							Checking a box below will not change your tax or refund.

Presidential

Election Campaign ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ▶ ☐ You ☐ Spouse

Filing Status

Check only

one box

- 1 ☐ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☒ Married filing separately. Enter spouse's SSN above and full name here. **ALICE MCCALL**
 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
 b ☐ Spouse

If more than four dependents, see instr. and check here ▶ ☐

(1) First name	Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instr.)

Boxes checked on
 6a and 6b **No. of children on 6c who:**
 • lived with you 1
 • did not live with you due to divorce or separation (see instr.) 0
 Dependents on 6c not entered above 0

d Total number of exemptions claimed

Add numbers on lines above ▶ 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	16,581.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see instructions)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see instr.)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see instr.)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation in excess of \$2,400 per recipient (see instructions)	19	
20a	Social security benefits	20a	12,576.
b	Taxable amount (see instr.)	20b	10,690.
21	Other income. List type and amount (see instr.)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	27,271.
23	Educator expenses (see instructions)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instr.)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction (see instructions)	32	
33	Student loan interest deduction (see instructions)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	27,271.

Adjusted Gross Income

MESSAGE TO ALL APPLICANTS

PLEASE BRING THIS CARD

EACH TIME YOU REPORT TO

AN IDES OFFICE

You will be told when to report to your local office.

Always come in or get in touch with your local office at once when you receive a mail or telephone message.

Notify your local IDES Office by mail when you return to work, move or change your telephone number. Include your Social Security Number and occupational code on all correspondence.

OVER FOR CARD

IF YOU ARE CLAIMING
UNEMPLOYMENT INSURANCE
BENEFITS

Always bring this card with you.

Always read whatever form you sign.

To avoid delay and to protect your rights, you must:

1. File your claim in accordance with instructions given by your office.
2. If you are working or ill, notify the IDES Office at once by mail. Include your Social Security Number.
3. Look for a job yourself in addition to registering with IDES. Keep your own record of your work search activities.
4. Be ready to take a suitable job when offered.
5. Report all earnings for weeks claimed.
6. Read all information materials given to you and follow instructions.

The law prescribes fine and imprisonment for making false statements or withholding information.

ILLINOIS DEPARTMENT OF
EMPLOYMENT SECURITY



Local Office Address

CARD

Name	Date Reported	Next Report Date	Reason	Date Reported	Next Report Date	Reason
Tommy McCall	FEB 06 2006		was quest. completed on			
Address 15625 Prince		SEP 01 2006	ILCA			
City or Town So. Holland, IL						
Birth Date 2-8-45		NOV 01 2007	N/C			
Occupational Code		MAR 28 2008	Supers call 7/5 TODAY			
Occupational Title						
Signature Tommy McCall						
	W.B.A. 120	M.B.A.	B.Y.E.	W.B.A. 274	M.B.A.	B.Y.E.

STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY

12147

STATEMENT OF CERTIFICATION

SOC SEC NO

TOMMIE MC CALL JR
15625 PRINCE DR
SOUTH HOLLAND, IL 60473

DATE MAILED

09/11/2006

BYB

08/27/2006

I have been "on and off"
collecting unemployment

This shows your responses to questions for your most recent telephone certification. You will need this form to file a quick certification. Follow the instructions given by the telephone system.

since

8/27/06

YOUR NEXT CALL DAY: 09/25/2006

CONFIRMATION NUMBER: 32091

REVIEW THE INFORMATION BELOW CAREFULLY. BY ENTERING THE CONFIRMATION NUMBER, YOU ARE CERTIFYING THAT YOUR RESPONSES LISTED BELOW FOR THE WEEKS 09/02/2006 AND 09/09/2006 ARE THE SAME FOR THE WEEKS 09/16/2006 AND 09/23/2006. THE LAW PROVIDES PENALTIES FOR GIVING FALSE ANSWERS TO OBTAIN BENEFITS.

QUESTIONS

RESPONSE

WERE YOU ABLE TO WORK AND AVAILABLE FOR WORK EACH DAY DURING YOUR NORMAL WORK WEEK?

YES

WEEK 09/02/2006 DAYS UNABLE TO/UNAVAILABLE FOR WORK

0

WEEK 09/09/2006 DAYS UNABLE TO/UNAVAILABLE FOR WORK

0

DURING THIS CERTIFICATION PERIOD, DID YOU ACTIVELY LOOK FOR WORK?

YES

ARE YOU RECEIVING OR HAVE YOU APPLIED FOR A SOCIAL SECURITY PENSION?

NO - YES

OTHER THAN SOCIAL SECURITY, ARE YOU RECEIVING OR HAVE YOU APPLIED FOR A RETIREMENT OR DISABILITY PENSION?

NO

HAS THE AMOUNT OF YOUR RETIREMENT OR DISABILITY PENSION CHANGED?

N/A

DID YOU ATTEND SCHOOL OR RECEIVE TRAINING?

NO

DID YOU ATTEND ALL SCHEDULED TRAINING COURSES?

N/A

WEEK 09/02/2006 DAYS NOT IN TRAINING

0

WEEK 09/09/2006 DAYS NOT IN TRAINING

0

HAVE YOU CLAIMED OR WILL YOU RECEIVE WORKERS' COMPENSATION FOR A TEMPORARY DISABILITY?

NO

HAS YOUR TELEPHONE NUMBER CHANGED?

NO

NEW TELEPHONE NUMBER

IMPORTANT

YOU MUST MAINTAIN YOUR WORK SEARCH INFORMATION ON THE FORM PROVIDED BY IDES ON A WEEKLY BASIS. YOU WILL BE REQUIRED TO PRODUCE YOUR WORK SEARCH UPON REQUEST, FAILURE TO DO SO MAY RESULT IN DENIAL OF BENEFITS.

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2. Always call on your assigned call day.
3. If you are eligible, you will receive benefits for the weeks claimed. If there is a question about your claim, you will receive a claimant notice of possible ineligibility in the mail. This notice will indicate the question(s) involved and what action is required by you.

TAX RETURN COMPARISON
2005 / 2006 / 2007

2007

Name(s) as shown on return
TOMMIE MCCALL JR

Identifying number

	2005 FEDERAL	2006 FEDERAL	2007 FEDERAL	DIFFERENCE BETWEEN 2006 & 2007
FILING STATUS	3	3	3	
# EXEMPTIONS	1	1	1	
AMOUNT	3,200	3,300	3,400	100
WAGES	11,986	15,989	21,699	5,710
INTEREST / DIVIDENDS				
TAXABLE REFUNDS		231		(231)
ALIMONY				
SCHEDULE C				
GAINS / LOSSES				
IRA / PENSIONS				
SCHEDULE E				
SCHEDULE F				
UNEMPLOYMENT	2,532	2,180	1,785	(395)
SS RECEIVED				
SS TAXABLE				
OTHER INCOME				
TOTAL INCOME	14,518	18,400	23,484	5,084
IRA DEDUCTIONS				
TOTAL ADJUSTMENTS				
AGI	14,518	18,400	23,484	5,084
ITEMIZED / STANDARD	5,000	5,150	5,350	200
TAXABLE INCOME	6,318	9,950	14,734	4,784
TAX BRACKET	10.00	15.00	15.00	
EFFECTIVE TAX RATE	10.02	11.25	12.34	1.09
TAX	633	1,119	1,818	699
CREDITS				
SE TAX				
TOTAL TAX	633	1,119	1,818	699
WITHHOLDINGS	696	1,201	1,594	393
ESTIMATED TAXES PAID				
EIC				
OVERPAYMENT	63	112		(112)
REFUND	63	112		(112)
APPLIED TO ESTIMATE				
BALANCE DUE			224	224
RESIDENT STATE	IL	IL	IL	
TAXABLE	12,518	16,169	21,484	5,315
TAX	376	485	645	160
REFUND				
BALANCE DUE	73	55	47	(8)
	2005	2006	2007	DIFFERENCE

ILLINOIS Department of Employment Security
P.O. Box 802551
CHICAGO, ILLINOIS 60680-2551

Official Business
Penalty for private use \$300

063331

SOI510 T113 1 OF 1 **AUTO**5-DIGIT 60473
TOMMIE MCCALL JR
15625 PRINCE DR
SOUTH HOLLAND, IL 60473-1830



IDES BULLETIN BOARD

Beginning February 8, 2008, you may request a duplicate 1099 for 2007, 2006, 2005, 2004, 2003, 2002, 2001 by accessing TeleServe at:

1-888-337-7234

TTD 1-800-662-3943

If you have any questions, please contact your local office.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. ILLINOIS Department of Employment Security P.O. Box 802551 CHICAGO, ILLINOIS 60680-2551		1 Unemployment compensation \$ 1,785.00	OMB No. 1545-0120 2007 Form 1099-G	Certain Government Payments
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	2 State or local income tax refunds, credits, or offsets \$	3 Box 2 amount is for tax year	
RECIPIENT'S name, street address, city, state, and ZIP code TOMMIE MCCALL JR 15625 PRINCE DR SOUTH HOLLAND, IL 60473-1830		5 ATAA payments \$	4 Federal income tax withheld \$ 191.00	Copy B For Recipient <small>This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</small>
Account number (see instructions)		7 Agriculture payments \$	6 Taxable grants \$	
		9 IL Income Tax Withheld \$ 56.00	8 Box 2 is trade or business income <input type="checkbox"/>	

Form 1099-G

(keep for your records)

Department of the Treasury - Internal Revenue Service

STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY

3645

STATEMENT OF CERTIFICATION

SOC SEC NO

TOMMIE MCCALL JR
15625 PRINCE DR
SOUTH HOLLAND, IL 60473

DATE MAILED
04/03/2008

BYB
10/28/2007

This shows your responses to questions for your most recent telephone certification. You will need this form to file a quick certification. Follow the instructions given by the telephone system.

YOUR NEXT CALL DAY: 04/14/2008

CONFIRMATION NUMBER: 71590

REVIEW THE INFORMATION BELOW CAREFULLY. BY ENTERING THE CONFIRMATION NUMBER, YOU ARE CERTIFYING THAT YOUR RESPONSES LISTED BELOW FOR THE WEEKS 03/22/2008 AND 03/29/2008 ARE THE SAME FOR THE WEEKS 04/05/2008 AND 04/12/2008. THE LAW PROVIDES PENALTIES FOR GIVING FALSE ANSWERS TO OBTAIN BENEFITS.

QUESTIONS

RESPONSE

WERE YOU ABLE TO WORK AND AVAILABLE FOR WORK EACH DAY DURING YOUR NORMAL WORK WEEK?	YES
WEEK 03/22/2008 DAYS UNABLE TO/UNAVAILABLE FOR WORK	0
WEEK 03/29/2008 DAYS UNABLE TO/UNAVAILABLE FOR WORK	0
DURING THIS CERTIFICATION PERIOD, DID YOU ACTIVELY LOOK FOR WORK?	YES
ARE YOU RECEIVING OR HAVE YOU APPLIED FOR A SOCIAL SECURITY PENSION?	YES
OTHER THAN SOCIAL SECURITY, ARE YOU RECEIVING OR HAVE YOU APPLIED FOR A RETIREMENT OR DISABILITY PENSION?	NO
HAS THE AMOUNT OF YOUR RETIREMENT OR DISABILITY PENSION CHANGED?	N/A
DID YOU ATTEND SCHOOL OR RECEIVE TRAINING?	NO
DID YOU ATTEND ALL SCHEDULED TRAINING COURSES?	N/A
WEEK 03/22/2008 DAYS NOT IN TRAINING	0
WEEK 03/29/2008 DAYS NOT IN TRAINING	0
HAVE YOU CLAIMED OR WILL YOU RECEIVE WORKERS' COMPENSATION FOR A TEMPORARY DISABILITY?	NO
HAS YOUR TELEPHONE NUMBER CHANGED?	NO
NEW TELEPHONE NUMBER	

IMPORTANT

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STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY

15476

STATEMENT OF CERTIFICATION

SOC SEC NO
[REDACTED]

TOMMIE MCCALL JR
15625 PRINCE DR
SOUTH HOLLAND, IL 60473

DATE MAILED
04/14/2008

BYB
10/28/2007

This shows your responses to questions for your most recent telephone certification. You will need this form to file a quick certification. Follow the instructions given by the telephone system.

YOUR NEXT CALL DAY: 04/28/2008

CONFIRMATION NUMBER: 22712

REVIEW THE INFORMATION BELOW CAREFULLY. BY ENTERING THE CONFIRMATION NUMBER, YOU ARE CERTIFYING THAT YOUR RESPONSES LISTED BELOW FOR THE WEEKS 04/05/2008 AND 04/12/2008 ARE THE SAME FOR THE WEEKS 04/19/2008 AND 04/26/2008. THE LAW PROVIDES PENALTIES FOR GIVING FALSE ANSWERS TO OBTAIN BENEFITS.

QUESTIONS

RESPONSE

WERE YOU ABLE TO WORK AND AVAILABLE FOR WORK EACH DAY DURING YOUR NORMAL WORK WEEK?	YES
WEEK 04/05/2008 DAYS UNABLE TO/UNAVAILABLE FOR WORK	0
WEEK 04/12/2008 DAYS UNABLE TO/UNAVAILABLE FOR WORK	0
DURING THIS CERTIFICATION PERIOD, DID YOU ACTIVELY LOOK FOR WORK?	YES
ARE YOU RECEIVING OR HAVE YOU APPLIED FOR A SOCIAL SECURITY PENSION?	YES
OTHER THAN SOCIAL SECURITY, ARE YOU RECEIVING OR HAVE YOU APPLIED FOR A RETIREMENT OR DISABILITY PENSION?	NO
HAS THE AMOUNT OF YOUR RETIREMENT OR DISABILITY PENSION CHANGED?	N/A
DID YOU ATTEND SCHOOL OR RECEIVE TRAINING?	NO
DID YOU ATTEND ALL SCHEDULED TRAINING COURSES?	N/A
WEEK 04/05/2008 DAYS NOT IN TRAINING	0
WEEK 04/12/2008 DAYS NOT IN TRAINING	0
HAVE YOU CLAIMED OR WILL YOU RECEIVE WORKERS' COMPENSATION FOR A TEMPORARY DISABILITY?	NO
HAS YOUR TELEPHONE NUMBER CHANGED?	NO
NEW TELEPHONE NUMBER	

IMPORTANT

YOU MUST MAINTAIN YOUR WORK SEARCH INFORMATION ON THE FORM PROVIDED BY IDES ON A WEEKLY BASIS. YOU WILL BE REQUIRED TO PRODUCE YOUR WORK SEARCH UPON REQUEST, FAILURE TO DO SO MAY RESULT IN DENIAL OF BENEFITS.

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STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY

14174

STATEMENT OF CERTIFICATION

SOC SEC NO
[REDACTED]

TOMMIE MCCALL JR
15625 PRINCE DR
SOUTH HOLLAND, IL 60473

DATE MAILED
04/28/2008

BYB
10/28/2007

This shows your responses to questions for your most recent telephone certification. You will need this form to file a quick certification. Follow the instructions given by the telephone system.

YOUR NEXT CALL DAY: 05/12/2008

CONFIRMATION NUMBER: 61311

REVIEW THE INFORMATION BELOW CAREFULLY. BY ENTERING THE CONFIRMATION NUMBER, YOU ARE CERTIFYING THAT YOUR RESPONSES LISTED BELOW FOR THE WEEKS 04/19/2008 AND 04/26/2008 ARE THE SAME FOR THE WEEKS 05/03/2008 AND 05/10/2008. THE LAW PROVIDES PENALTIES FOR GIVING FALSE ANSWERS TO OBTAIN BENEFITS.

QUESTIONS

RESPONSE

WERE YOU ABLE TO WORK AND AVAILABLE FOR WORK EACH DAY DURING YOUR NORMAL WORK WEEK?	YES
WEEK 04/19/2008 DAYS UNABLE TO/UNAVAILABLE FOR WORK	0
WEEK 04/26/2008 DAYS UNABLE TO/UNAVAILABLE FOR WORK	0
DURING THIS CERTIFICATION PERIOD, DID YOU ACTIVELY LOOK FOR WORK?	YES
ARE YOU RECEIVING OR HAVE YOU APPLIED FOR A SOCIAL SECURITY PENSION?	YES
OTHER THAN SOCIAL SECURITY, ARE YOU RECEIVING OR HAVE YOU APPLIED FOR A RETIREMENT OR DISABILITY PENSION?	NO
HAS THE AMOUNT OF YOUR RETIREMENT OR DISABILITY PENSION CHANGED?	N/A
DID YOU ATTEND SCHOOL OR RECEIVE TRAINING?	NO
DID YOU ATTEND ALL SCHEDULED TRAINING COURSES?	N/A
WEEK 04/19/2008 DAYS NOT IN TRAINING	0
WEEK 04/26/2008 DAYS NOT IN TRAINING	0
HAVE YOU CLAIMED OR WILL YOU RECEIVE WORKERS' COMPENSATION FOR A TEMPORARY DISABILITY?	NO
HAS YOUR TELEPHONE NUMBER CHANGED?	NO
NEW TELEPHONE NUMBER	

317

IMPORTANT

YOU MUST MAINTAIN YOUR WORK SEARCH INFORMATION ON THE FORM PROVIDED BY IDES ON A WEEKLY BASIS. YOU WILL BE REQUIRED TO PRODUCE YOUR WORK SEARCH UPON REQUEST, FAILURE TO DO SO MAY RESULT IN DENIAL OF BENEFITS.

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SOCIAL SECURITY NUMBER.

LOCAL OFFICE NUMBER. 3

14

TOMMIE MCCALL JR
15625 PRINCE DR
SOUTH HOLLAND, IL 60473

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
04/19/2008	274.00			114.00				114.00		160.00
04/26/2008	274.00			114.00				114.00		160.00
PAYDATE	WEEKS	Check Amount Reflects \$ 42.00 Withheld as Tax							CHECK AMOUNT	\$ 278.00
04/28/2008	2	Internal/External Check Nos. 200811906348 / 36122437								

IF YOU HAVE NOT PREVIOUSLY REPORTED YOUR RETIREMENT
DEDUCTION, REPORT TO YOUR LOCAL OFFICE IMMEDIATELY.

YOU CAN NOW ELECT TO HAVE YOUR UI BENEFIT PAYMENT DEPOSITED
DIRECTLY INTO YOUR BANK ACCOUNT OR TO AN IDES ISSUED DEBIT CARD.
TO BEGIN THE PROCESS, CONTACT YOUR LOCAL OFFICE OR VISIT THE IDES
WEBSITE AT WWW.IDES.STATE.IL.US.

IMPORTANT

XLF066 (REV. 07/07)

1. DETACH YOUR CHECK CAREFULLY AND CASH AS SOON AS POSSIBLE.
2. SAVE YOUR CHECK STUB AND EXPLANATION. IF THERE ARE ANY PROBLEMS WITH THIS CHECK, BRING THE CHECK STUB TO YOUR LOCAL OFFICE.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
4. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
5. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

**STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
BENEFIT PAYMENT STUB AND EXPLANATION**

7454

14173

SOCIAL SECURITY NUMBER.

LOCAL OFFICE NUMBER. 3

14

TOMMIE MCCALL JR
15625 PRINCE DR
SOUTH HOLLAND, IL 60473

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
04/19/2008	274.00			114.00				114.00		160.00
04/26/2008	274.00			114.00				114.00		160.00
PAYDATE	WEEKS	Check Amount Reflects \$ 42.00 Withheld as Tax							CHECK AMOUNT	\$ 278.00
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IMPORTANT

XLFD66 (REV. 07/07)

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